MISSOURI DEPARTMENT OF REVENUE JEFFERSON CITY, MO 65105-2800

Please place this label in the address area of your claim.
Do not use this label if it is incorrect.

PRSRT STD U.S. POSTAGE PAID Missouri Dept. of Revenue

MISSOURI

2009 MISSOURI PROPERTY TAX CREDIT CLAIM

FINAL CHECKLIST BEFORE MAILING YOUR CLAIM.

THE INSTRUCTIONS AND FORM ITSELF WILL LIST BACK-UP INFORMATION NEEDED.

DID YOU NEED TO ATTACH ANY OF THESE?

- MO-CRP
- RENT RECEIPTS/LANDLORD STATEMENT
- SSA-1099 OR RRB-1099
- 2009 PAID REAL ESTATE RECEIPTS/ PERSONAL PROPERTY TAX RECEIPTS
- DISABLED VETERAN DOCUMENTATION
- POWER OF ATTORNEY/FEDERAL FORM 1310/DEATH CERTIFICATE

PLEASE NOTE!

- The maximum income level for residents who own and occupy their home for the entire year is \$30,000 (after any exemptions).
- The maximum income level for residents who rented or owned their home a portion of the year is \$27,500 (after any exemptions).
- The exemption for married filing combined is \$4,000 if you own and occupy your home the **entire year**. If you rent the exemption is \$2,000.
- The maximum credit for residents who own and occupy their home is \$1,100. If you rent the maximum credit is \$750.
- If you rent from a facility that does not pay property taxes, you are not eligible for a Property Tax Credit.

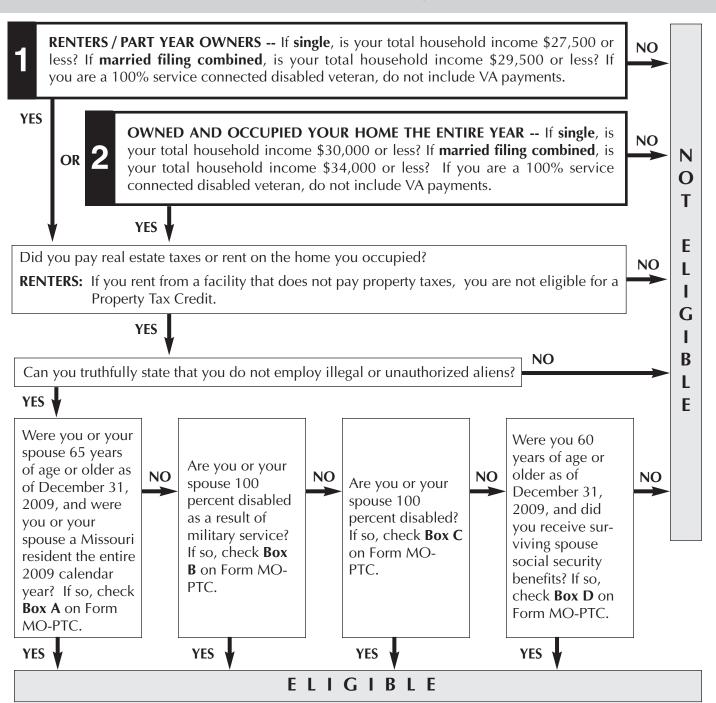
Homestead Preservation Credit (HPC)

The department administers two real estate tax assistance programs for qualified senior citizens and 100 percent disabled individuals, the Missouri Property Tax Credit Claim (MO-PTC) and the Homestead Preservation Credit (HPC). If you own and occupy your home but your income restricts you from qualifying for the MO-PTC, you may be eligible for the HPC. You can only receive **ONE** of the credits. You should determine which tax credit program is more beneficial to you. For more information regarding the HPC, contact (573) 526-8942 or access **www.dor.mo.gov/tax/personal/homestead**.

AM I ELIGIBLE?

Use this diagram to determine if you or your spouse are eligible to claim the **PROPERTY TAX CREDIT**

START DIAGRAM BY CHOOSING BOX 1 OR BOX 2 AND FOLLOW TO CONCLUSION.



This information is for guidance only and does not state complete law.

2-D Barcode Returns — If you plan on filing a paper return, you should consider 2-D barcode filing. The software encodes all your tax information into a 2-D barcode, which allows your return to be processed in a fraction of the time it takes to process a traditional paper return. If you use



software to prepare your return, check our web site for approved 2-D barcode software companies. Also, check out the department's fill-in forms that calculate and have a 2-D barcode. ALL 2-D barcode returns should be mailed to: **Department of Revenue**, **P.O. Box 3385**, **Jefferson City**, **MO 65105-3385**.

What's Inside?

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Do I Have the Correct Tax Book?3
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Form MO-CRP
2009 Property Tax Credit Chart13–15
Tax Assistance Centers

Do I Have the Correct Tax Book?

You **MAY USE** this tax book to file your 2009 Form MO-PTC, Property Tax Credit Claim if you meet the eligibility requirements on page 2 and are not required to file an individual income tax return.

You **cannot use this book** if you were required to file a federal return and you were a:

- Resident of Missouri and you had Missouri adjusted gross income of \$1,200 or more;
- Nonresident of Missouri and had income of \$600 or more from Missouri sources; or
- Resident or nonresident with Missouri withholding and you want to file an individual income tax return to claim a refund of your withholding.

If you meet any of the above qualifications, you **cannot** file the Form MO-PTC. You must file a Missouri income tax return and attach Form MO-PTS if you qualify for a property tax credit. See information in the next column to obtain the correct form (Form MO-1040 or Form MO-1040P) to file and claim your Property Tax Credit.

Exception: You are not required to file a Missouri income tax return if your standard deduction plus your personal exemption meet or exceed your Missouri adjusted gross income.

If you are a nonresident alien, access our web site at www.dor.mo.gov/tax for information.

Helpful Hint

If you anticipate receiving any 1099 or W-2 income, please wait to file this claim until all statements are received. Filing too early may result in a balance due.

To Obtain Forms

- Visit www.dor.mo.gov/tax
- Call the Forms-by-Fax System at (573) 751-4800 from your fax machine handset. The system will take you through the steps to fax a copy of the forms you need.

IMPORTANT FILING INFORMATION

This information is for guidance only and does not state the complete law.

When To File Claim

The 2009 Form MO-PTC is due April 15, 2010, but you may file up to three years from the due date and still receive your credit.

Where to Mail Claim

Mail your completed Form MO-PTC and all attachments to: **Department of Revenue P.O. Box 2800**

Jefferson City, MO 65105-2800

Filing for Deceased Individuals

If an individual passed away in 2009, a claim may be filed by the surviving spouse if the filing status is "married filing combined" and all other qualifications are met. If there is no surviving spouse, the estate may file the claim.

A copy of the death certificate must be attached and if the check is to be issued in another name, a Federal Form 1310 must also accompany the claim. To obtain Federal Form 1310, access www.irs.gov/formspubs.

Any existing POA pending with the Department of Revenue is terminated when the death of the taxpayer is made known to the Department. A new POA (Form 2827) is required after death of the taxpayer before any party may discuss the taxpayer's debt with the Department staff.

Dollars and Cents

Rounding is required on your Form MO-PTC. Zeros have been placed in the cents column on your return. For 1 cent through 49 cents, round down to the previous whole dollar amount. For 50 cents through 99 cents, round up to the next whole dollar amount.

Example: Round \$32.49 down to \$32.00 Round \$32.50 up to \$33.00

Fill-in Forms that Calculate

Access our web site at **www.dor.mo.gov/tax** to enter your tax information, and let us do the math for you. No calculation errors means faster processing. Just print, sign, and mail the claim with required supporting documents.

Address Change

If you move after filing your return, notify both the post office serving your old address and the **Department of Revenue** of your address change. Address change requests should be mailed to: **Department of Revenue**, **P.O. Box 2200**, **Jefferson City, MO 65105-2200**. This will help forward any refund check or correspondence to your new address.

Missouri Return Inquiry

To check the status of your current year return 24 hours a day, please visit the department's web site: **www.dor.mo.gov/tax** or call our automated individual income tax inquiry line at (573)526-8299. To obtain the status of your return, you must know the following information: 1) the first social security number on the return; 2) the filing status shown on your return; and 3) the exact amount of the refund or balance due in whole dollars.

Taxpayer Bill of Rights

To obtain a copy of the Taxpayer Bill of Rights, you can access the department's web site at www.dor.mo.gov/tax/personal/pubs.htm.

FORM MO-PTC

Information to Complete Form MO-PTC

Name, Address, Etc.

If all the information on the label is correct, attach the label to the Form MO-PTC and print or type your social security number(s), birthdate(s), and telephone number in the spaces provided.

If you did not receive a book with a peel-off label or if the label is incorrect, print or type your name(s), address, social security number(s), birthdate(s), and telephone number in the spaces provided. If you or your spouse do not have a social security number, enter "none" in the appropriate space(s). If married, enter both birthdates, even if your spouse died during the calendar year. Only check the deceased box if death occurred in 2009. Do not check the box if the claimant was deceased before calendar year 2009.

Check the amended claim box if you are filing an amended claim. Complete the entire claim using the corrected figures.

Helpful Hints

- Please use the social security number of the person filing the claim.
- Do not use Form MO-PTC if you need to file an individual income tax return (Form MO-1040 or Form MO-1040P.) See page 3.

QUALIFICATIONS

Check the applicable box to indicate under which qualification you are filing the Form MO-PTC. See the "Am I Eligible" chart on page 2. You must check a qualification box to be eligible for the credit. Check only one box. Attach the appropriate documentation to verify your qualification. (The required documentation is listed behind each qualification on Form MO-PTC.)

FILING STATUS

Check your filing status. You can check "married — living separate for entire year" **only if you and your spouse did not at any time during the year live in the same residence.**

Note: If you lived at different addresses for the entire year, you may file a separate claim. You cannot take the \$2,000 or \$4,000 deduction on Line 7 if you checked "married-living separate for entire year," as your filing status, and you are filing a separate claim. (Example: One spouse lives in a nursing or residential care facility while the other spouse remains in the home the entire year.)

Helpful Hint

If you are legally married and lived together at any time during the year, you must file married filing combined and include all household income.

HOUSEHOLD INCOME

Household income is **all income** received by a claimant, spouse, and/or minor children (**taxable** or **nontaxable**) and includes all income from sources listed on Lines 1 through 5 of Form MO-PTC.

LINE 1 — SOCIAL SECURITY BENEFITS

Enter the amount of social security benefits received by you and/or your minor children before any deductions and/or amount of social security equivalent railroad retirement benefits. Attach a copy of Form SSA-1099(s) and/or Form RRB-1099(s).

Lump sum distributions must be claimed in the year in which they were received.

2009 PART OF YOUR S	SOCIAL SECURITY BENEFIT RSE SIDE FOR MORE INFOR	rs showi	N IN BOX 5 MAY BE TAXABLE INCOME.	
Box 1. Name		Box 2. B	deneficiary's Social Security Number	
BETTY TAXPAYER		555-	-66-7777	
Box 3. Benefits Paid in 2009	Box 4. Benefits Repaid to SSA	in 2009	Box 5. Net Benefits for 2009 (Box 3 minus Box 4)	
*\$8,400.00	NONE	\$8,400.00		
DESCRIPTION OF AM	IOUNT IN BOX 3	D	ESCRIPTION OF AMOUNT IN BOX 4	
Paid by check or direct deposit Medicare premiums deducted from ye Total Additions Benefits for 2009	\$7,800.00 our benefit \$600.00 \$8,400.00 \$8,400.00		NONE	
		Box 6. V	foluntary Federal Income Tax Withheld	
		5500	Address "Y TAXPAYER TAXES LANE TOWN, MO 55555-5555	
*Includes: \$12.00 Paid in 2009 for 20	008		Claim Number (Use this number if you need to contact SSA, 6-7777	

Helpful Hints

- Wait to file your claim until you get your SSA-1099. This is not the statement indicating what your benefits will be, but it is the actual Form SSA-1099 received in January, 2010 that states what your benefits were for the entire 2009 year. See diagram on this page.
- If you are receiving railroad retirement benefits, you should receive two Form RRB-1099s. One Form RRB-1099-R shows annuities and pensions and the other is your social security equivalent railroad retirement benefits. Include the amount from Form RRB-1099 that states social security equivalent (usually Tier I benefits) on Line 1.

LINE 2 — WAGES, PENSIONS, ANNUITIES, DIVIDENDS, INTEREST, RENTAL INCOME, OR OTHER INCOME

Include the amount of **all** wages, pensions, annuities, dividends, interest income, rental income, or other income. Do not include excludable costs of pensions or annuities. (These are usually the employee's contribution to a retirement program listed separately on Form 1099-R.) **Attach Forms W-2(s), 1099(s), 1099-R(s), 1099-DIV, 1099-INT, 1099-MISC, etc.** If grants or long-term care benefits are made payable to the nursing facility, do not include as income or rent. If you have **any** negative income, you cannot use this form.

LINE 3 — RAILROAD RETIREMENT BENEFITS

Enter the gross distribution amount of railroad retirement benefits (not included in Line 1) before any deductions. This is the amount of annuities and pensions received, **not** your social security equivalent benefits. **Attach Form RRB/1099-R (Tier II).**

LINE 4 — VETERAN BENEFITS

Include your veteran payments and benefits. Veteran payments and benefits include education or training allowances, disability compensation, grants, and insurance proceeds.

Exceptions: If you are 100 percent disabled as a result of military service, you are not required to include your veteran payments and benefits. You must attach a letter from the Veterans Administration that states you are 100 percent disabled as a result of military service. To request a copy of the letter call the Veterans Administration at (800) 827-1000.

If you are a surviving spouse and your spouse was 100 percent disabled as a result of military service, all the veteran payments and benefits must be included.

LINE 5 — PUBLIC ASSISTANCE

Include the amount of public assistance, supplemental security income (SSI), child support, unemployment compensation, and Temporary Assistance payments received by you and/or your minor children. Temporary Assistance payments include Temporary Assistance for Needy Families (TANF) payments. In Missouri, the program is referred to as Temporary Assistance (TA). This includes any governmental cash received. Do not include the value of commodity foods, food stamps, or heating and cooling assistance.

Attach a copy of Form SSA-1099(s), a letter from the Social Security Administration and/or Social Services that includes the total amount of assistance received and Employment Security 1099, if applicable.

Helpful Hints

- Supplemental security income (SSI) is paid by the Social Security Administration. You have to request an SSI form indicating total benefits received from your local social security office. The form should be stamped or signed by the Social Security Administration. If you have minor children who receive SSI benefits, the children do not qualify for a credit. However, if you qualify for a credit you must include the children's SSI benefits on Line 5.
- If you receive temporary assistance from the Children's Division (CD) or the Family Support Division (FSD), you must include **all** cash benefits received for your **entire** household. The Department of Revenue verifies this information and failure to include total benefits may delay your refund.

LINE 7 — FILING STATUS DEDUCTION

Use your filing status to determine the deduction amount that will be entered on Line 7. If your filing status is **Single or Married Living Separate**, you will enter \$0 on Line 7.

If your filing status is **Married and Filing Combined**, see below to determine the amount you will enter on Line 7

- If you OWNED and OCCUPIED your home for the **ENTIRE YEAR**, enter \$4,000 on Line 7.
- If you RENTED or **did not** own your home for the **ENTIRE YEAR**, enter \$2,000 on Line 7.

LINE 8 — NET HOUSEHOLD INCOME

Subtract Line 7 from Line 6 and enter amount on Line 8. See below to make sure you are eligible for the credit.

- If you OWNED AND OCCUPIED your home for the **ENTIRE YEAR**, the amount you enter on Line 8 cannot exceed \$30,000. If the amount of your net household income on Line 8 is above \$30,000, you are not eligible for the credit.
- If you RENTED or did not own and occupy your home for the **ENTIRE YEAR**, the amount you enter on Line 8 cannot exceed \$27,500. If the amount of your net household income on Line 8 is above \$27,500, and you are not eligible for the credit.

LINE 9 — OWN YOUR HOME

If you owned and occupied your home, include the amount of real estate tax you paid. Do not include special assessments (sewer lateral), penalties, service charges, and interest listed on your tax receipt. You can only claim the taxes on your primary residence that you occupy. Secondary homes don't apply.

If you submit more than one receipt for a city or county for your residence, please submit a letter of explanation.

Your home or dwelling is the place in which you reside in Missouri, whether owned or rented, and the surrounding land, not to exceed five acres, as is reasonably necessary for use of the dwelling as a home. A home may be part of a larger unit such as a farm or building partly rented or used for business. It may be a room in a nursing home, an apartment, or a mobile home unit. If you share a home, report only the portion of real estate tax that was actually paid by you. If you sold or bought your home during the year, attach a copy of the seller's/buyer's agreement to your claim.

Helpful Hint

Real estate tax paid for a **prior year cannot** be claimed on this form. To claim real estate taxes for a prior year, you must file a claim for that year.

If your home or farm has more than five acres or you own a mobile home and it is classified as personal property, a Form 948 Assessors Certification must be attached with a copy of your paid personal/real property tax receipt. If you own a mobile home and it is classified as real property, a Form 948 isn't needed. If you own a mobile home for the entire year and also pay lot rent, you can claim credit for the property taxes and lot rent paid. The maximum combined credit is \$1,100. A credit will not be allowed for vehicles listed on the personal property tax receipt.

Helpful Hint

The percentage of your home that is used for business purposes must be subtracted from your real estate taxes paid. If you need to use a Form 948 to calculate the amount of real estate tax, you must subtract the percentage of your home that is used for business purposes from the allowable real estate taxes paid calculated on the Form 948.

Example: Ruth has 10 acres surrounding her house. She needs to use a Form 948, because she is only entitled to receive credit for 5 acres. By her calculations, she enters \$500 on Form 948, Line 6. Ruth also uses 15% of her house for her business. She will multiply \$500 by 85% and put this figure (\$425) on Form MO-PTC, Line 9.

Helpful Hint

If you own your home and other adults (other than your spouse) live there and pay rent, the rent **must** be claimed as income.

LINE 10 — RENT YOUR HOME

Complete one Form MO-CRP, Certification of Rent Paid, for **each** rented home (including mobile home and/or lot) you occupied during 2009. The Form MO-CRP is on the back of the Form MO-PTC and instructions are on page 8.

Add the totals from Line 9 on all Form MO-CRP(s) completed and enter the amount on Line 10.

Attach rent receipt(s) for the whole year or each month or a signed statement from your landlord, along with Form MO-CRP. Copies of cancelled checks (front and back) will be accepted if your landlord will not provide rent receipts or statement.

You cannot claim returned check fees, late fees, security and cleaning deposits, or any other deposit.

If you rent from a facility that does not pay property taxes, you are not eligible for a Property Tax Credit.

Helpful Hints

- If your rent is more than 60 percent of your income, you may be claiming the portion of your rent paid by a housing assistance program. Please claim only the amount of rent **you** pay or your refund will be delayed or denied. If you do not qualify for housing assistance, please send an explanation of how additional rent is being paid.
- If your gross rent paid exceeds your household income, you must attach a detailed statement explaining how the additional rent was paid or the claim will be denied.
- Utilities (air conditioning, gas, electric, late fees, deposits, etc.) are not included.
- Nursing Homes You must deduct personal allowances (clothing, hair stylists, etc.) prior to calculating your rent.

LINE 11 — TOTAL REAL ESTATE TAX/RENT PAID

Add amounts from Form MO-PTC, Lines 9 and 10 and enter amount on Line 11.

You can claim the amount of your real estate tax if you:

- owned your home/mobile home;
- owned your home for part of the year and rented for part of the year;
- owned/rented a mobile home and pad;

The maximum amount allowed is \$1,100. If you rented, the maximum amount allowed is \$750.

Helpful Hints

An apartment is a room or suite of rooms with separate facilities for cooking and other normal household functions.

A boarding home is a house that provides meals, lodging, and the residents share common facilities.

CREDITS

LINE 12 — PROPERTY TAX CREDIT

Apply amounts from Form MO-PTC, Lines 8 and 11 to the Property Tax Credit Chart on pages 13 through 15 to determine the amount of your property tax credit. See Helpful Hint below.

If you have another income tax or property tax credit liability, this property tax credit may be applied to that liability in accordance with Section 143.782, RSMo. You will be notified if your credit is offset against any debts.

Helpful Hint

Your property tax credit is figured by comparing your total income received to 20 percent of your net rent paid or real estate tax paid. To make the comparison and determine your credit, use the 2009 Property Tax Credit Chart on pages 13 through 15. Lines are provided on the chart to help you figure this amount.

Example: Ruth paid \$1,200 in real estate tax and her total household income was \$15,000. Ruth will apply her tax paid and her total household income to the chart to figure out her credit amount. Even though Ruth paid \$1,200 in real estate tax, she is only allowed to take a credit of \$1,100. Ruth will use \$1,100 as tax paid and her total household income of \$15,000 to make the comparison. When using the chart, Ruth finds where \$15,000 and \$1,100 "meet" to figure her credit. The two numbers "meet" on the chart where the credit amount is \$1,059. Ruth will get a \$1,059 credit for the real estate tax she paid.

SIGN CLAIM

You must sign your Form MO-PTC. Both spouses must sign a combined claim. If you use a paid preparer, the preparer must also sign the claim.

If you wish to authorize the Director of Revenue, or delegate, to discuss your tax information with your preparer or any member of your preparer's firm, indicate "yes" by checking the appropriate box.

Important: If the Form MO-PTC is being filed on behalf of a claimant by a nursing home or residential care facility, a statement to that effect from the claimant's legal guardian or power of attorney must be attached to the Form MO-PTC.

MAIL CLAIM

Send your claim and all attachments to: **Department** of Revenue, P.O. Box 2800, Jefferson City, MO 65105-2800.

FAILURE TO INCLUDE
REQUIRED
DOCUMENTATION AND/OR
INFORMATION
MAY REDUCE OR DELAY
YOUR REFUND.

INFORMATION TO COMPLETE FORM MO-CRP

STEP 1

Enter all information requested on Lines 1–5. If rent is paid to a relative, the relationship to the landlord must be indicated on Line 1. Your claim may be delayed if you fail to enter all required information.

STEP 2

Enter on Line 6 the gross rent paid. Exclude rent paid for any portion of your home used in the production of income, and the rent paid for surrounding land with attachments not necessary nor maintained for homestead purposes. Also, exclude any rent paid to your landlord on your behalf by any organization or agency.

STEP 3

If you were a resident of a nursing home or boarding home during 2009, use the applicable percentage in Line 7. If you live in a hotel and meals are included in your rent payment, enter 50 percent; otherwise enter 100 percent. If two or more unmarried individuals over 18 years of age share a residence and each pay part of the rent, enter the total rent on Form

MO-CRP, Line 6 and mark the appropriate percentage on box G of Line 7. If the rent receipt is for the total rent amount, then the percentage on box G of the Form MO-CRP must be used to determine your credit. **Additional** persons sharing rent/percentage to be entered: (1 person—50%, 2 people—33%, 3 people—25%). If none of the reductions apply to you, enter 100 percent on Line 7.

STEP 4

Multiply Line 6 by the percentage on Line 7. Enter this amount on Form MO-CRP, Line 8.

STEP 5

Multiply Line 8 by 20% and enter the result on Line 9. Add the totals from Line 9 on **all** completed Form MO-CRP(s) and enter the amount on Line 10 of MO-PTC.

If you need to file an income tax return, Form MO-1040 or Form MO-1040P, you must use Form MO-PTS to claim a property tax credit and attach it to the Form MO-1040 or Form MO-1040P.

Do not use Form MO-PTC if you need to file an income tax return.



2009
FORM
MO-PTC

	LAST NAME FIRST NAME	INITIA	L BIRTHDATE	DECEASED SOCIAL SECURITY N	0.
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QUALIFICATIONS	☐ A. 65 years of age or older (Attach a cop	v of Form SSA-1099	.) \(\sum \text{C. 100% [}	Disabled (Attach a copy of	the letter from Social
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FIL	LING STATUS 📗 Single 🗀 Married — Filin	g Combined Mai	ried — Living Separate	e for Entire Year If mar	ried filing combined, st report both incomes.
Fa	ailure to provide the attachments listed below	(rent receipt(s) tay r	accint(e) 1000(e) W-2(e		· ·
16					or delay or your claim:
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	2. Enter the total amount of wages, pensions, at Attach Forms W-2(s), 1099(s), 1099-R(s), 10				2 00
	3. Enter the amount of railroad retirement benef			_	
	Attach Form RRB/1099-R (Tier II).				3 00
	Enter the amount of veteran's payments or ber				4 00
ΜĒ	5. Enter the total amount received by you and/or	•			
8	Temporary Assistance payments (TA and/or T				
Ž	Social Security Administration and/or Social				
ă	received and Employment Security 1099, if		5 00		
H	6. TOTAL household income — Add Lines 1 thr		6 00		
HOUSEHOLD INCOME	7. Mark the box that applies and enter the appro				
ᅙ	□ a. Enter \$0 if filing status is Single or M				
_	If married and filing combined;				
	 □ b. Enter \$2,000 if you rented or did not □ c. Enter \$4,000 if you owned and occup 		- 00		
	8. Net household income — Subtract Line 7 from	•	•		7 - 00
	□ a. If you rented or did not own and o				
	If the total is greater than \$27,500, STOP - no	110t 0x0000			
	□ b. If you owned and occupied your h	ome for the entire yea	, Line 8 cannot exceed \$3	0,000.	
	If the total is greater than \$30,000, STOP - no	credit is allowed. Do	not file this claim		8 00
_	9. If you owned your home, enter the total amou				
REAL ESTATE TAX /	Attach a copy of PAID real estate tax recei				
1	mobile home, attach Form 948, Assessor's			I—	9 00
Ę	10. If you rented, enter amount from Form MO-CRP(s statement from your landlord, along with For				
ST	your landlord will not provide rent receipts or				
96	taxes, you are not eligible for a Property Tax				10 00
EA	11. Add Lines 9 and 10. If you rented your hom				
	enter the total of \$1,100, whichever is less.				11 00
CREDITS	2 12. You must use the chart on pages 13-15 to	see how much refund y	ou are allowed.		
Ë	Apply amounts from Lines 8 and 11 to chart of				
<u> </u>			. ,		12 00
	Under penalties of perjury, I declare that I have examined this re Declaration of preparer (other than taxpayer) is based on all inform	turn, including accompanying ation of which he/she has any	schedules and statements, and t knowledge. As provided in Chapt	o the best of my knowledge and belief er 143. RSMo, a penalty of up to \$500 s	it is true, correct, and complete.
ا.,,	who files a frivolous return. I also declare under penalties of perju	ry that I employ no illegal or u	nauthorized aliens as defined und	der federal law and that I am not eligible	e for any tax exemption, credit or
삙	abatement if I employ such aliens. I authorize the Director of Revenue or delegate to discuss my clair	m and attachments F-MAII	DDRESS	PREPARER'S PHON	IE
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SIGNATURE	SIGNATURE	DATE	PREPARER'S SIGNATURE		FEIN, SSN, OR PTIN
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Section 10	
	MISSOURI DEPARTMENT OF REVENUE
No.	MISSOURI DEPARTMENT OF REVENUE CERTIFICATION OF RENT PAID FOR 2009

2009 FORM MO-CRP Failure to provide landlord information will result in denial or delay of your claim.

CERTIFIC	ATION OF RE	NI PAID FOR 200	9 1\	IO-CRP	or delay of	of your claim.		
1. SOCIAL SECURITY NUMBER SPOUSE'S SOCIAL SECURITY NUMBER ARE YOU RELATED TO YOUR LAIF YES, EXPLAIN.					NDLORD? YES	NO		
2. NAME 3. LANDLORD'S NAME, LAST 4 DIGITS OF SSN, OR FEIN								
PHYSICAL ADDRESS OF RENT	TAL UNIT (P.O. BOX NOT A	APT. NUMBER	LANDLORD'S AD	DDRESS, CITY, STA	ATE, AND ZIP CODE	(MUST BE COMPLETED	APT. NUMBER	
CITY, STATE, AND ZIP CODE		•			4. LANDLORD'S PI	HONE NUMBER (MUST E	BE COMPLETED)	
5. RENTAL PERIOD DURING YEAR	FROM: MONTH	DAY —	YEAR 2009	TO: MON	ITH <u>—</u>	DAY	YEAR 2009	
or copies of cancelle	d checks (front and ba	t(s) for each rent payment fact). If receiving housing a s not pay property taxes, y	ssistance, enter th	e amount of rer	nt YOU paid	6	00	
A. APARTMENT B. MOBILE HON C. BOARDING H D. SKILLED OR E. HOTEL If mea	7. Check the appropriate box and enter the corresponding percentage on Line 7. A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100% B. MOBILE HOME LOT — 100% C. BOARDING HOME / RESIDENTIAL CARE — 50% D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45% E. HOTEL If meals are included, enter — 50%; Otherwise, enter — 100% F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income.) G. SHARED RESIDENCE — If you shared your rent with relatives and/or friends (other than your spouse or children under 18), check the appropriate box and enter percentage.							
·		percentage to be entered:		, ,	3 (25%)	7	%	
8. Net rent paid — Multip	oly Line 6 by the perce	ntage on Line 7				8	00	
. , ,	6. Enter amount here a	and on Line 10 of Form MO-	PTC or Line 12 of F	orm MO-PTS.		9	00	
MO 860-1089 (02-2010)		For Privacy No	tice, see the inst	ructions.				

3. 102	EPARTMENT OF ATION OF RE)9	2009 FORM MO-CRP	information	on wil	ide landlo Il result in ır claim.	
1. SOCIAL SECURITY NUMBER	3	SPOUSE'S	SOCIAL SECURIT	YNUMBER	ARE YOU F	RELATED TO YOUR LA PLAIN.	NDLORD	? YES N	NO
2. NAME				3. LANDLORD	'S NAME, LAST 4 DIG	ITS OF SSN, OR FEIN	MUST BE	COMPLETED)	
PHYSICAL ADDRESS OF RENTA	AL UNIT (P.O. BOX NOT A	LLOWED)	APT. NUMBER	LANDLORD	'S ADDRESS, CITY, S	STATE, AND ZIP CODE	(MUST B	E COMPLETED)	APT. NUMBER
CITY, STATE, AND ZIP CODE				•		4. LANDLORD'S F	HONE NU	JMBER (MUST BE	COMPLETED)
5. RENTAL PERIOD DURING YEAR	ROM: MONTH	_	DAY	YEAR - 2009	TO: M	ONTH	DA	<u> </u>	YEAR 2009
Enter your gross rent part or copies of cancelled NOTE: If you rent from	checks (front and ba	ack). If rece	eiving housing	assistance, ent	er the amount of r	ent YOU paid	6		00
B. MOBILE HOME C. BOARDING HO D. SKILLED OR II E. HOTEL If meal F. LOW INCOME G. SHARED RES or children ur	HOUSE, MOBILE HOELD LOT — 100% OME / RESIDENTIAL NTERMEDIATE CAP is are included, enter HOUSING — 100% IDENCE — If you shander 18), check the a	OME, OR D CARE — ! RE NURSIN — 50%; O (Rent cann ared your re ppropriate I	UPLEX — 100° 50% G HOME — 45° therwise, enter not exceed 40% ent with relatives pox and enter p	% — 100% b of total house s and/or friends ercentage.	other than your	_			
<u>Additional</u> pe	rsons sharing rent/	percentage	to be entered	: 1 (50%)	2 (33%)	3 (25%)	7		%
8. Net rent paid — Multiply	y Line 6 by the perce	ntage on Li	ne 7				8		00
9. Multiply Line 8 by 20%.	Enter amount here a	and on Line	10 of Form MO	-PTC or Line 12	of Form MO-PTS		9		00



2009
FORM
MO-PTC

	LAST NAME FIRST NAME	INITIA	L BIRTHDATE	DECEASED SOCIAL SECURITY N	0.
၈			/ /	2009	SOFTWARE VENDOR CODE
SI SI	SPOUSE'S LAST NAME PLACE LABEL IN BLOCK FIRST NAME	INITIA	L BIRTHDATE	DECEASED SPOUSE'S SOCIAL S	(Assigned by DOR)
띩	THO WAINE		//	2009	000
위	IN CARE OF NAME (ATTORNEY, EXECUTOR, PERSONAL REPR	FOENTATIVE FTO	TELEPHONE NUMBER		
NAME / ADDRESS	IN CARE OF NAME (ATTORNEY, EXECUTOR, PERSONAL REPR	ESENTATIVE, ETC.)	/ NUMBER		AMENDED
ا⊊		1	()		CLAIM
Ž۱	PRESENT HOME ADDRESS	APT. NUMBE	R CITY, TOWN, OR POST OFF	ICE, STATE, AND ZIP CODE	
4					
ଥା	You must check a qualification to be eligible for	r a credit. Check only	one. Required copies	of letters, forms, etc., must b	e included with claim.
QUALIFICATIONS	☐ A. 65 years of age or older (Attach a cop	v of Form SSA-1099	.) \(\sum \text{C. 100% [}	Disabled (Attach a copy of	the letter from Social
힐	, , ,	•	0	ty Administration or Form	
비쁜	☐ B. 100% Disabled Veteran as a result of m	•	II u	rs of age or older and receiv	
ŞΙ	copy of the letter from Department of V	eterans Anairs.)		s (Attach a copy of Form s	
٥			Dellella	• • • • • • • • • • • • • • • • • • • •	•
FIL	LING STATUS 📗 Single 🗀 Married — Filin	g Combined Mai	ried — Living Separate	e for Entire Year If mar	ried filing combined, st report both incomes.
Fa	ailure to provide the attachments listed below	(rent receipt(s) tay r	accint(e) 1000(e) W-2(e		· ·
16					or delay or your claim:
	Enter the amount of social security benefits re the amount of social security equivalent railroa		ur minor children before an	y deductions and/or	
	Attach Form SSA-1099 and/or RRB-1099	a retirement benefits.			1 00
	Enter the total amount of wages, pensions, at	anuitiae dividanda into		<u> </u>	. 00
	2. Enter the total amount of wages, pensions, at Attach Forms W-2(s), 1099(s), 1099-R(s), 10				2 00
	3. Enter the amount of railroad retirement benef			_	
	Attach Form RRB/1099-R (Tier II).				3 00
	Enter the amount of veteran's payments or ber				4 00
ΜĒ	5. Enter the total amount received by you and/or	•			
8	Temporary Assistance payments (TA and/or T				
Ž	Social Security Administration and/or Social				
ă	received and Employment Security 1099, if		5 00		
H	6. TOTAL household income — Add Lines 1 thr		6 00		
HOUSEHOLD INCOME	7. Mark the box that applies and enter the appro				
ᅙ	□ a. Enter \$0 if filing status is Single or M				
_	If married and filing combined;				
	 □ b. Enter \$2,000 if you rented or did not □ c. Enter \$4,000 if you owned and occup 		- 00		
	8. Net household income — Subtract Line 7 from	•	•		7 - 00
	□ a. If you rented or did not own and o				
	If the total is greater than \$27,500, STOP - no	110t 0x0000			
	□ b. If you owned and occupied your h	ome for the entire yea	, Line 8 cannot exceed \$3	0,000.	
	If the total is greater than \$30,000, STOP - no	credit is allowed. Do	not file this claim		8 00
_	9. If you owned your home, enter the total amou				
REAL ESTATE TAX /	Attach a copy of PAID real estate tax recei				
2	mobile home, attach Form 948, Assessor's			I—	9 00
Ę	10. If you rented, enter amount from Form MO-CRP(s statement from your landlord, along with For				
ST	your landlord will not provide rent receipts or				
96	taxes, you are not eligible for a Property Tax				10 00
EA	11. Add Lines 9 and 10. If you rented your hom				
	enter the total of \$1,100, whichever is less.				11 00
CREDITS	2 12. You must use the chart on pages 13-15 to	see how much refund y	ou are allowed.		
Ë	Apply amounts from Lines 8 and 11 to chart of				
<u> </u>			. ,		12 00
	Under penalties of perjury, I declare that I have examined this re Declaration of preparer (other than taxpayer) is based on all inform	turn, including accompanying ation of which he/she has any	schedules and statements, and t knowledge. As provided in Chapt	o the best of my knowledge and belief er 143. RSMo, a penalty of up to \$500 s	it is true, correct, and complete.
ا.,,	who files a frivolous return. I also declare under penalties of perju	ry that I employ no illegal or u	nauthorized aliens as defined und	der federal law and that I am not eligible	e for any tax exemption, credit or
삙	abatement if I employ such aliens. I authorize the Director of Revenue or delegate to discuss my clair	m and attachments F-MAII	DDRESS	PREPARER'S PHON	IE
뒭	with the preparer or any member of the preparer's firm.			()	-
SIGNATURE	SIGNATURE	DATE	PREPARER'S SIGNATURE		FEIN, SSN, OR PTIN
ᇑ					
	SPOUSE'S SIGNATURE	DAYTIME TELEPHONE	PREPARER'S ADDRESS AND	ZIP CODE	DATE
	Mail plains and other law and the Park	() <u>-</u>	Bayenya B O B	0000 leffere Otto: 140	2.05105.0000
	Mail claim and attachments to Misso	ouri Department of	nevenue, P.O. Box	∠ouu, Jeπerson City, MC	. טטט2-2טוכס ע

Section 10	
	MISSOURI DEPARTMENT OF REVENUE
No.	MISSOURI DEPARTMENT OF REVENUE CERTIFICATION OF RENT PAID FOR 2009

2009 FORM MO-CRP Failure to provide landlord information will result in denial or delay of your claim.

CERTIFIC	ATION OF RE	NI PAID FOR 200	9 1\	IO-CRP	or delay of	of your claim.		
1. SOCIAL SECURITY NUMBER SPOUSE'S SOCIAL SECURITY NUMBER ARE YOU RELATED TO YOUR LAIF YES, EXPLAIN.					NDLORD? YES	NO		
2. NAME 3. LANDLORD'S NAME, LAST 4 DIGITS OF SSN, OR FEIN								
PHYSICAL ADDRESS OF RENT	TAL UNIT (P.O. BOX NOT A	APT. NUMBER	LANDLORD'S AD	DDRESS, CITY, STA	ATE, AND ZIP CODE	(MUST BE COMPLETED	APT. NUMBER	
CITY, STATE, AND ZIP CODE		•			4. LANDLORD'S PI	HONE NUMBER (MUST E	BE COMPLETED)	
5. RENTAL PERIOD DURING YEAR	FROM: MONTH	DAY —	YEAR 2009	TO: MON	ITH <u>—</u>	DAY	YEAR 2009	
or copies of cancelle	d checks (front and ba	t(s) for each rent payment fact). If receiving housing a s not pay property taxes, y	ssistance, enter th	e amount of rer	nt YOU paid	6	00	
A. APARTMENT B. MOBILE HON C. BOARDING H D. SKILLED OR E. HOTEL If mea	7. Check the appropriate box and enter the corresponding percentage on Line 7. A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100% B. MOBILE HOME LOT — 100% C. BOARDING HOME / RESIDENTIAL CARE — 50% D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45% E. HOTEL If meals are included, enter — 50%; Otherwise, enter — 100% F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income.) G. SHARED RESIDENCE — If you shared your rent with relatives and/or friends (other than your spouse or children under 18), check the appropriate box and enter percentage.							
·		percentage to be entered:		, ,	3 (25%)	7	%	
8. Net rent paid — Multip	oly Line 6 by the perce	ntage on Line 7				8	00	
. , ,	6. Enter amount here a	and on Line 10 of Form MO-	PTC or Line 12 of F	orm MO-PTS.		9	00	
MO 860-1089 (02-2010)		For Privacy No	tice, see the inst	ructions.				

3. 102	EPARTMENT OF ATION OF RE)9	2009 FORM MO-CRP	information	on wil	ide landlo Il result in ır claim.	
1. SOCIAL SECURITY NUMBER	3	SPOUSE'S	SOCIAL SECURIT	YNUMBER	ARE YOU F	RELATED TO YOUR LA PLAIN.	NDLORD	? YES N	NO
2. NAME				3. LANDLORD	'S NAME, LAST 4 DIG	ITS OF SSN, OR FEIN	MUST BE	COMPLETED)	
PHYSICAL ADDRESS OF RENTA	AL UNIT (P.O. BOX NOT A	LLOWED)	APT. NUMBER	LANDLORD	'S ADDRESS, CITY, S	STATE, AND ZIP CODE	(MUST B	E COMPLETED)	APT. NUMBER
CITY, STATE, AND ZIP CODE				•		4. LANDLORD'S F	HONE NU	JMBER (MUST BE	COMPLETED)
5. RENTAL PERIOD DURING YEAR	ROM: MONTH	_	DAY	YEAR - 2009	TO: M	ONTH	DA	<u> </u>	YEAR 2009
Enter your gross rent part or copies of cancelled NOTE: If you rent from	checks (front and ba	ack). If rece	eiving housing	assistance, ent	er the amount of r	ent YOU paid	6		00
B. MOBILE HOME C. BOARDING HO D. SKILLED OR II E. HOTEL If meal F. LOW INCOME G. SHARED RES or children ur	HOUSE, MOBILE HOELD LOT — 100% OME / RESIDENTIAL NTERMEDIATE CAP is are included, enter HOUSING — 100% IDENCE — If you shander 18), check the a	OME, OR D CARE — ! RE NURSIN — 50%; O (Rent cann ared your re ppropriate I	UPLEX — 100° 50% G HOME — 45° therwise, enter not exceed 40% ent with relatives pox and enter p	% — 100% b of total house s and/or friends ercentage.	other than your	_			
<u>Additional</u> pe	rsons sharing rent/	percentage	to be entered	: 1 (50%)	2 (33%)	3 (25%)	7		%
8. Net rent paid — Multiply	y Line 6 by the perce	ntage on Li	ne 7				8		00
9. Multiply Line 8 by 20%.	Enter amount here a	and on Line	10 of Form MO	-PTC or Line 12	of Form MO-PTS		9		00

A. Enter amount from Line 8 here	B. Enter amount from Line 11 here
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C. Find where these two numbers "meet" below to figure your credit amount. Enter on Form MO-PTC, Line 12.

2009 PROPERTY TAX CREDIT CHART

AMOUNT FROM LINE B ABOVE OR FROM FORM MO-PTC, LINE 11 — TOTAL REAL ESTATE TAX PAID

	AWIOC			FROM —	VLOR	IKOMI	CKWIN	— FRC	,	1—10	/I/XL IXL	AL ESTA	— FROM		
		1076	1051	1026	1001	976	951	926	901	876	851	826	801	776	751
		1070	1031	- TO —	1001	970	931	T (070	031	020	TO	770	/31
		1100	1075	1050	1025	1000	975	950	925	900	875	850	825	800	775
EDO14	TO														
FROM												edit equival			
1 1 201	14,300				1003	978			<u>, , , , , , , , , , , , , , , , , , , </u>	· · ·		eligible for		1	753
14,301 14,601	14,600 14,900	1078 1069	1053 1044	1028 1019	994	969	953 944	928 919	903 894	878 869	853 844	828 819	803 794	778 769	744
14,901	15,200	1059	1034	1009	984	959	934	909	884	859	834	809	784	759	734
15,201	15,500	1049	1024	999	974	949	924	899	874	849	824	799	774	749	724
15,501	15,800	1039	1014	989	964	939	914	889	864	839	814	789	764	739	714
15,801	16,100	1028	1003	978	953	928	903	878	853	828	803	778	753	728	703
16,101	16,400	1016	991	966	941	916	891	866	841	816	791	766	741	716	691
16,401	16,700	1005	980	955	930	905	880	855	830	805	780	755	730	705	680
16,701	17,000	993	968	943	918	893	868	843	818	793	768	743	718	693	668
17,001	17,300	980	955	930	905	880	855	830	805	780	755	730	705	680	655
17,301	17,600	968	943	918	893	868	843	818	793	768	743	718	693	668	643
17,601 17,901	17,900 18,200	954 941	929 916	904 891	879 866	854 841	829 816	804 791	779 766	754 741	729 716	704 691	679 666	654 641	629 616
18,201	18,500	927	902	877	852	827	802	791	752	727	702	677	652	627	602
18,501	18,800	913	888	863	838	813	788	763	738	713	688	663	638	613	588
18,801	19,100	898	873	848	823	798	773	748	723	698	673	648	623	598	573
19,101	19,400	883	858	833	808	783	758	733	708	683	658	633	608	583	558
19,401	19,700	868	843	818	793	768	743	718	693	668	643	618	593	568	543
19,701	20,000	852	827	802	777	752	727	702	677	652	627	602	577	552	527
20,001	20,300	836	811	786	761	736	711	686	661	636	611	586	561	536	511
20,301	20,600	819	794	769	744	719	694	669	644	619	594	569	544	519	494
20,601	20,900	802	777	752	727	702	677	652	627	602	577	552	527	502	477
20,901	21,200	785	760	735	710	685	660	635	610	585	560	535	510	485	460
21,201	21,500	767 749	742	717	692	667	642	617	592	567	542 524	517	492	467	442
21,501 21,801	21,800 22,100	731	724 706	699 681	674 656	649 631	624 606	599 581	574 556	549 531	506	499 481	474 456	449 431	424 406
22,101	22,400	712	687	662	637	612	587	562	537	512	487	462	437	412	387
22,401	22,700	693	668	643	618	593	568	543	518	493	468	443	418	393	368
22,701	23,000	673	648	623	598	573	548	523	498	473	448	423	398	373	348
23,001	23,300	653	628	603	578	553	528	503	478	453	428	403	378	353	328
23,301	23,600	633	608	583	558	533	508	483	458	433	408	383	358	333	308
23,601	23,900	613	588	563	538	513	488	463	438	413	388	363	338	313	288
23,901	24,200	591	566	541	516	491	466	441	416	391	366	341	316	291	266
24,201	24,500	570	545	520	495	470	445	420	395	370	345	320	295	270	245
24,501	24,800	548	523	498	473	448	423	398	373	348	323	298	273	248	223
24,801 25,101	25,100 25,400	526 504	501 479	476 454	451 429	426 404	401 379	376 354	351 329	326 304	301 279	276 254	251 229	226 204	201 179
25,401	25,700	481	456	434	406	381	356	331	306	281	256	234	206	181	156
25,701	26,000	457	432	407	382	357	332	307	282	257	232	207	182	157	132
26,001	26,300	434	409	384	359	334	309	284	259	234	209	184	159	134	109
26,301	26,600	410	385	360	335	310	285	260	235	210	185	160	135	110	85
26,601	26,900	385	360	335	310	285	260	235	210	185	160	135	110	85	60
26,901	27,200	361	336	311	286	261	236	211	186	161	136	111	86	61	36
27,201	27,500	335	310	285	260	235	210	185	160	135	110	85	60	35	10
27,501	27,800	310	285	260	235	210	185	160	135	110	85	60	35	10	
27,801	28,100	284	259	234	209	184	159	134	109	84	59	34	9		
28,101	28,400	258	233	208	183	158	133	108	83	58	33	8			
28,401 28,701	28,700 29,000	231 204	206 179	181	156	131	106 79	81 54	56	31	6				
29,001	29,000	177	152	154 127	129 102	104 <i>77</i>	52	54 27	29	4					
29,001	29,600	149	124	99	74	49	24	2/							
29,601	29,900	121	96	71	46	21	- '								
29,901	30,000	95	70	45	20	-									
,	,														

A.	Enter amount from Line 8 here	B. Enter amount from Line 11 here
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AMOUNT FROM LINE B ABOVE OR FROM FORM MO-PTC, LINE 11 — TOTAL REAL ESTATE TAX OR 20% OF RENT PAID.

				FROM —			· ·	— FRC	DM		FROM —							
		726	701	676	651	626	601	576	551	526	501	476	451	426	401			
				- то —				Т	l				ТО					
		750	725	700	675	650	625	600	575	550	525	500	475	450	425			
FROM	TO							l										
FROM													lent not to r a Proper		750 (Form			
14 201	14,300					1				<u> </u>				·				
14,301 14,601	14,600 14,900	728 719	703 694	678 669	653 644	628 619	603 594	578 569	553 544	528 519	503 494	478 469	453 444	428 419	403 394			
14,901	15,200	709	684	659	634	609	584	559	534	509	484	459	434	409	384			
15,201	15,500	699	674	649	624	599	574	549	524	499	474	449	424	399	374			
15,501	15,800	689	664	639	614	589	564	539	514	489	464	439	414	389	364			
15,801	16,100	678	653	628	603	578	553	528	503	478	453	428	403	378	353			
16,101	16,400	666	641	616	591	566	541	516	491	466	441	416	391	366	341			
16,401	16,700	655	630	605	580	555	530	505	480	455	430	405	380	355	330			
16,701	17,000	643	618	593	568	543	518	493	468	443	418	393	368	343	318			
17,001	17,300	630	605	580	555	530	505	480	455	430	405	380	355	330	305			
17,301	17,600	618	593	568	543	518	493	468	443	418	393	368	343	318	293			
17,601	17,900	604	579	554	529	504	479	454	429	404	379	354	329	304	279			
17,901	18,200	591	566	541	516	491	466	441	416	391	366	341	316	291	266			
18,201	18,500	577	552	527	502	477	452	427	402	377	352	327	302	277	252			
18,501 18,801	18,800 19,100	563 548	538 523	513 498	488 473	463 448	438 423	413 398	388 373	363 348	338 323	313 298	288 273	263 248	238 223			
19,101	19,100	533	508	483	458	433	408	383	358	333	308	283	258	233	208			
19,401	19,700	518	493	468	443	418	393	368	343	318	293	268	243	218	193			
19,701	20,000	502	477	452	427	402	377	352	327	302	277	252	227	202	177			
20,001	20,300	486	461	436	411	386	361	336	311	286	261	236	211	186	161			
20,301	20,600	469	444	419	394	369	344	319	294	269	244	219	194	169	144			
20,601	20,900	452	427	402	377	352	327	302	277	252	227	202	177	152	127			
20,901	21,200	435	410	385	360	335	310	285	260	235	210	185	160	135	110			
21,201	21,500	417	392	367	342	317	292	267	242	217	192	167	142	117	92			
21,501	21,800	399	374	349	324	299	274	249	224	199	174	149	124	99	74			
21,801	22,100	381	356	331	306	281	256	231	206	181	156	131	106	81	56			
22,101	22,400	362	337	312	287	262	237	212	187	162	137	112	87	62	37			
22,401	22,700	343	318	293	268	243	218	193	168	143	118	93	68	43	18			
22,701	23,000	323	298	273	248	223	198	173	148	123	98	73	48	23				
23,001	23,300	303 283	278 258	253 233	228 208	203 183	178 158	153 133	128 108	103 83	78 58	53 33	28	3				
23,301 23,601	23,600 23,900	263	238	213	188	163	138	113	88	63	38	13	0					
23,901	24,200	241	216	191	166	141	116	91	66	41	16	13						
24,201	24,500	220	195	170	145	120	95	70	45	20	10							
24,501	24,800	198	173	148	123	98	73	48	23		\							
24,801	25,100	176	151	126	101	76	51	26	1									
25,101	25,400	154	129	104	79	54	29	4										
25,401	25,700	131	106	81	56	31	6											
25,701	26,000	107	82	57	32	7					F.	XAMPL	F٠					
26,001	26,300	84	59	34	9								B is \$2	3 980	and			
26,301	26,600	60	35	10									of Form					
26,601	26,900	35	10										en the		- 11			
26,901	27,200	11										ould be		tax ci				
27,201	27,500											outu be	Ψ10.					
27,501	27,800																	
27,801 28,101	28,100 28,400																	
28,401	28,700																	
28,701	29,000																	
29,001	29,300																	
29,301	29,600																	
29,601	29,900																	
29,901	30,000																	

C. Find where these two numbers "meet" below to figure your credit amount. Enter on Form MO-PTC, Line 12.

A. Enter amount from Line 8 here	B. Enter amount from Line 11 here
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C. Find where these two numbers "meet" below to figure your credit amount. Enter on Form MO-PTC, Line 12.

AMOUNT FROM LINE B ABOVE OR FROM FORM MO-PTC, LINE 11 — TOTAL REAL ESTATE TAX OR 20% OF RENT PAID.

		[– FROM					— FRC					AA OR 2	FROM -		
		376	351	326	301	276	251	226	201	176	151	126	101	76	51	26	1
		370	331	— TO -	301	270	231	220	TO		131	120	101	70	– TO –	20	'
		400	275		205	1 200	0.75	250		_	4.75	150	105	100		T =0	0.5
ED O.L.		400	375	350	325	300	275	250	225	200	175	150	125		75	50	25
FROM	ТО													equivalent			
1	14,300							· ·						igible for a			
14,301	14,600	378	353	328	303	278	253	228	203	178	153	128	103	78	53	28	3
14,601	14,900	369	344	319	294	269	244	219	194	169	144	119	94	69	44	19	
14,901	15,200	359	334	309	284	259	234	209	184	159	134	109	84	59	34	9	
15,201	15,500	349	324	299	274	249	224	199	174	149	124	99	74	49	24		
15,501 15,801	15,800 16,100	339 328	314 303	289 278	264 253	239 228	214 203	189 178	164 153	139 128	114	89 78	53	39 28	14		
16,101	16,400	316	291	266	233	216	191	166	141	116	91	66	41	16	3		
16,401	16,700	305	280	255	230	205	180	155	130	105	80	55	30	5			
16,701	17,000	293	268	243	218	193	168	143	118	93	68	43	18				
17,001	17,300	280	255	230	205	180	155	130	105	80	55	30	5				
17,301	17,600	268	243	218	193	168	143	118	93	68	43	18					
17,601	17,900	254	229	204	179	154	129	104	79	54	29	4	Г				
17,901	18,200	241	216	191	166	141	116	91	66	41	16						
18,201	18,500	227	202	177	152	127	102	77	52	27	2						
18,501	18,800	213	188	163	138	113	88	63	38	13				This are	a indi	cates :	,,
18,801	19,100	198	173	148	123	98	73	48	23								
19,101	19,400	183	158	133	108	83	58	33	8					credit	is allo	wable	
19,401	19,700	168	143	118	93	68	43	18	1								
19,701	20,000	152	127	102	77	52	27	2	\	\							
20,001	20,300	136	111	86	61	36	11						L		I		
20,301	20,600	119	94	69	44	19											
20,601	20,900	102	77	52	27	2											
20,901	21,200	85	60	35	10					E	KAMP	l E•					
21,201	21,500	67	42 24	17									0.36	0 and 1	ino		
21,501 21,801	21,800 22,100	49 31	6											о апо 1 ГС is \$2			
22,101	22,400	12	0											ould be			
22,401	22,700	12								UI	en the	tax CIE	cuit vv	ould be	30.		
22,701	23,000																
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Missouri Department of Revenue Tax Assistance Centers

Public hours Monday through Friday at the offices listed below are:

January through April

May through December

7:30 a.m. to 5:30 p.m.

8:00 a.m. to 5:00 p.m.

Individuals with speech or hearing impairments may use TDD(800) 735-2966 or fax (573) 526-1881.

Cape Girardeau

3102 Blattner Dr., Suite 102 (573) 290-5850

Jefferson City

301 W. High, Room 330 (573) 751-7191

<u>Joplin</u>

1110 East 7th St., Suite 400 (417) 629-3070

Kansas City

615 East 13th St., Room 127 (816) 889-2920

Springfield

149 Park Central Square, Room 313 (417) 895-6474

St. Louis

3256 Laclede Station Rd., Suite 101 (314) 877-0177

St. Joseph

525 Jules, Room 314 (816) 387-2230

Other Important Phone Numbers

Forms-by-Fax (573) 751-4800
Automated IVR Refund/Balance Due Inquiry (573) 526-8299
Electronic Filing Information (573) 751-3930
General Inquiry Line (573) 526-8942

Download forms or check the status of your refund from our web site www.dor.mo.gov/tax

Suggestions for Improvements to Forms and Instructions e-mail: taxsuggest@dor.mo.gov

Property Tax Credit e-mail: propertytaxcredit@dor.mo.gov

Federal Privacy Notice

The Federal Privacy Act requires the Missouri Department of Revenue (Department) to inform taxpayers of the Department's legal authority for requesting identifying information, including social security numbers, and to explain why the information is needed and how the information will be used.

Chapter 143 of the Missouri Revised Statutes authorizes the Department to request information necessary to carry out the tax laws of the state of Missouri. Federal law 42 U.S.C. Section 405 (c)(2)(C) authorizes the states to require taxpayers to provide social security numbers.

The Department uses your social security number to identify you and process your tax returns and other documents, to determine and collect the correct amount of tax, to ensure you are complying with the tax laws, and to exchange tax information with the Internal Revenue Service, other states, and the Multistate Tax Commission (Chapters 32 and 143, RSMo). In addition, statutorily provided non-tax uses are: (1) to provide information to the Department of Higher Education with respect to applicants for financial assistance under Chapter 173, RSMo and (2) to offset refunds against amounts due to a state agency by a person or entity (Chapter 143, RSMo). Information furnished to other agencies or persons shall be used solely for the purpose of administering tax laws or the specific laws administered by the person having the statutory right to obtain it [as indicated above]. In addition, information may be disclosed to the public regarding the name of a tax credit recipient and the amount issued to such recipient (Chapter 135, RSMo). (For the Department's authority to prescribe forms and to require furnishing of social security numbers, see Chapters 135, 143, and 144, RSMo.)

You are required to provide your social security number on your tax return. Failure to provide your social security number or providing a false social security number may result in criminal action against you.